



PROCUREMENT JUSTIFICATION FORM (PJF)

This form must accompany all contract requests and sole source requisitions (RQS) over \$5,000 submitted to the Division of Procurement Services.

INSTRUCTIONS: Please provide the requested information in the white spaces below. All responses (except signatures) must be typed; no hand-written forms will be accepted. See the guidance document posted with this form on the Division of Procurement Services intranet site (Forms page) for additional instructions.

PART I: OVERVIEW				
Department Office/Division/Program:		DHHS/OBH/Cynthia McPherson & Sara Wade		
Department Contract Administrator or Grant Coordinator:		Chris Moiles / Melanie Boucher		
(If applicable) Department Reference #:		MH4-24-2021		
Amount: (Contract/Amendment/Grant)	\$ 346,923.00	Advantage CT / RQS #:	CT 10A 20231208000000001654	
CONTRACT	Proposed Start Date:	10/1/23	Proposed End Date:	9/30/24
AMENDMENT	Original Start Date:		Effective Date:	
	Previous End Date:		New End Date:	
GRANT	Project Start Date:		Grant Start Date:	
	Project End Date:		Grant End Date:	
Vendor/Provider/Grantee Name, City, State:		MaineHealth DBA Maine Medical Center Westbrook, ME		
Brief Description of Goods/Services/Grant:		Clinical High Risk for Psychosis		

PART II: JUSTIFICATION FOR VENDOR SELECTION			
Mark an "X" before the justification(s) that applies to this request. (Check all that apply.)			
<input type="checkbox"/>	A. Competitive Process	<input checked="" type="checkbox"/>	G. Grant
<input type="checkbox"/>	B. Amendment	<input type="checkbox"/>	H. State Statute/Agency Directed
<input checked="" type="checkbox"/>	C. Single Source/Unique Vendor	<input type="checkbox"/>	I. Federal Agency Directed
<input type="checkbox"/>	D. Proprietary/Copyright/Patents	<input type="checkbox"/>	J. Willing and Qualified
<input type="checkbox"/>	E. Emergency	<input type="checkbox"/>	K. Client Choice
<input type="checkbox"/>	F. University Cooperative Project	<input type="checkbox"/>	L. Other Authorization

Please respond to ALL of the questions in the following sections.

PART III: SUPPLEMENTAL INFORMATION

1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.

The purpose of this program is to identify, prevent, intervene, and/or lessen the impact of psychotic disorders in youth and young adults, not more than 25 years old, who are at clinical high risk for psychosis and provide evidence-based interventions in a trauma-informed manner to prevent the onset of psychosis. It is expected that this program will: (1) improve symptomatic and behavioral functioning; (2) enable youth and young adults to resume age-appropriate social, academic, and/or vocational activities; (3) delay or prevent the onset of psychosis; (4) minimize the duration of untreated psychosis for those who develop psychotic symptoms; and (5) reduce the occurrence of psychotic disorders in youth and young adults.

2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.

OBH has co-applied with Maine Medical Center's Portland Identification and Early Referral (PIER) program to implement the project services. PIER is a nationally recognized role in training new clinical high risk for psychosis (CHRP) programs in evidence-informed community outreach, structured clinical assessment, and family-focused coordinated specialty care. This includes ongoing supervision, monitoring treatment fidelity, and measuring outcomes. They are extremely well-qualified to reestablish state-of-the-art CHRP services in Maine.

3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.

The costs associated have been deemed fair and reasonable. The salaries are within the expected ranges and the contract negotiated with program and the grant budget application. The contract will utilize a Cost Settled with invoicing settlement method.

4. Describe the plan for future competition for the goods or services.

The department does not intend to RFP this service after the grant funds end.

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)

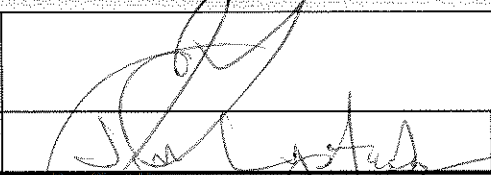

Does this request utilize ARPA/MJRP funds?

Yes – If Yes, please attach the approved Business Case(s).

No – If No, proceed to Part V

PART V: APPROVALS

The signatures below indicate approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:		Date:	20 Jan 24
Signature of DAFS Procurement Official:			
Typed Name:	William J.E. Allen	Date:	3/13/2024

NOI 0320240278 03/13/2024 - 03/19/2024